210 ELECTION CYCLE				pert Hosemann ETARY OF STATE
REPORT O	Judicial Candio F RECEIPTS AND 2010 Judicial E	DISBURSEMEN	AIS L	CEIVE
Marile of Canada Lie	Shansid Bee	4	Can	CT 2 9 2010 npaign Finance retary of State
Address 440 Millstre	et Jackbon, M	County /	inas in	PATE STANIP
Telephone Work 601-965-55	SHome	Fax_	601-353-	2-818
Contact Name Kathy Sy	Kes Email	Address elect	ali judge &	grail con
Office Sought Circuit Ju	edge District	7, Subdistr	Al	
Check here if above is different to	rom previous report			
May 10, 2010 Periodic Report (lanuary 1, 2010, through Ap	ril 30. 2010)		Mandatory
June 10, 2010 Periodic Report				
July 9, 2010 Periodic Report (July 9)				
October 10, 2009 Periodic Repo				
October 26, 2010 Pre-Election I				
November 16, 2010 Pre-Runoff	Report (October 24, 2010,	through November 13	3, 2010) Ru	noff Candidates
January 10, 2011 Periodic Report Termination Report (Candidate campaign expenditures and has	will no longer accept contrib	outions or make) Required to term obligations	Mandatory imate reporting
	IMPORTANT			No. 2 Pales
(1) Pre-Election reports are mandatory, e shall submit a report indicating "0" (2	even if no contributions or ex Zero) for total amount of repo	penditures have occur rted contributions and	rred. In such case, i expenditures du	the candidate ing this period.
(2) Until a Candidate files a Termination Ann. § 23-15-807 (b) (ii) and (iii).				
(3) The receiving authority must be in act falls on a weekend or a holiday, the o day before the deadline. Faxed report	ffice must be in actual receip	ports by 5:00 p.m. on t of the required repor	the reporting day. ts by 5:00 p.m. on	If the deadline the first working
REPO	RTED CONTRIBUTION	S AND DISBURSE	EMENTS	
Iter	mized + Non-itemized =	This Period		lendar -To-Date
Total amount of contributions \$	+\$	\$	\$	
Total amount of disbursements 3 ,	213 +\$	\$ 3,2-13	\$ 37	28
Total amount of cash on hand		\$		
I certify that I have examined this rep	ort and to the best of my kn	owledge and belief it		, and complete.
ThatLANAR	STATE OF THE STATE	- 10	128/10	

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) at. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, Statewide, State district, multi-county and all legislative offices abould return form to Secretary of State, Elections Division, F. O. Box 135, Juckson, MS 39205 or fax to 607-369-1499 or 401-578-2919.

2. Candidates for county-vide and county district offices should return forms to their county Circuit Cleric.

	Ali M. Shamsid Deen	Page of
Name of Candidate or Committee	FILIM, onems of Deep	
Reporting periodOut. [through Dat 23	

ITEMIZED DISBURSEMENTS

A. Full name Ali M. Sheward Deen	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 440 Mill Street	10,12,10	\$ 2,800
City, State, Zip Code Jack Stry MS 39202	10123110	\$ 413
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 32.13
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_1_1_	S
City, State, Zip Code	_/_/_	5
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_'_'_	S
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_'_'_	s .
City, State, Zip Code	_1_1_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code	_/_/_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S

010 ELECTION CYCLE	Delbert Hosemann SECRETARY OF STATI
Political Committee REPORT OF RECEIPTS AND DISBURSEMENTS 2010 Judicial Election Name of Committee Committee	
DEN 2	
112 01/ 10 0	
Treasurer Harvey G Freedon Ey Emall electalijudge, com	Datestand
Check here if above is different from previous report	
TYPE OF REPORT May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010)	Mandatory
June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010)	Mandatory
July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010)	Mandatory
October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010)	Mandatory
October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010)	
November 15, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)	Runoff Candidates
January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010)	
(1) Pre-Fiection reports are mandatory even if an exact in the control of the con	
(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditure.	th case, the candidate
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordant. § 23-15-807 (b) (ii) and (iii).	dance with Miss. Code
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 per day before the deadline. Faxed reports are acceptable.	ng day. If the deadline o.m. on the first working
REPORTED CONTRIBUTIONS AND DISBURSEMENTS	
Itemized + Non-Itemized = This Period	Calendar Year-To-Date
Total amount of contributions \$ 42.00 +\$ 17.50 \$ 59.50 \$	27,931
Table and the second second	

Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
\$ 4200 +\$ 1750	\$ 5950	\$ 27,931
\$ 1394+\$ 2350	\$ 3744	\$ 24,781
	\$ 22.06	T
report and to the best of my k Treasurer	nowledge and bellef it is	s true, accurate, and complete
	\$ 4200 +\$ 1750 \$ 1394 +\$ 2350 Prepert and to the best of my k	\$ 4200 +\$ 1750 \$ 5950 \$ 1394 +\$ 2350 \$ 3744 \$ 22.06 Prepert and to the best of my knowledge and belief it is

Authority: Refer to Miss, Code Ann. §23-15-801 (1972) et, seq. for statutory requirements.

Penalties: Pallure to submit required reports, or fallure to submit reports in accordance with statutory deadlines, or fallure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Gode Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative effices should return form to Secretary of State, Elections Division, P. D. Box 136, Jackson, AS 39206 or fax to 401-269-1496 or 801-276-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Page	of	1
Name of Candidate or Committee Committee to Elect Als Shanged Deen	\$ -	
Reporting period Oct through Oct 23		
ITEMIZED RECEIPTS		

A. Source: TCorporation PAC Individual Loan	Data (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(MO., Day, 16d1)	this period
Full name Aladden Meditarranean Grill	001 181 00	50000
730 Kakeland Drive		\$
Tark son MS 39216	_'_'_	\$
Name of Employer (Required)		\$
Occupation (Raquired) Business Resturant	Aggregate year-to-date	\$ 500,00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name A JA Marrogenest + Technical Service	-101 181 10	\$ 250.00
Mailing Address 912 N. West Street		\$
City, State, Zip Code Tackson, MS 39262		\$
Name of Employer (Required)	11	\$
Occupation (Required) Bustness Englineers	Aggregate year-to-date	\$ 250.00
C. Source: a Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Law Office of Cartonehe J.L. Body	12 10, 18,10	\$ 250,00
Mailing Address POBW 1300		\$
City, State, Zip Code Tarkson, MS 39236		\$
Name of Employer (Required) Business		\$
Occupation (Required) Law Firm	Aggregate year-to-date	\$ 250.00
D. Source: © Corporation © PAC © Individual © Loan © Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Owens Moss, PLLC	101 1 110	\$ 400,00
Malling Address POBSX 808		\$
City, State, ZIp Code Jackson, M.S 39205		\$
Name of Employer (Required) Busines	_1_1_	\$
Occupation (Required) Law Firm	Aggregate year-to-date	\$ 400.00